



Bret Mills, Executive Director  
100 East Grand Avenue, Suite 250  
Des Moines, Iowa 50309  
(515) 242-4990

FOR IFA USE ONLY

Project No. \_\_\_\_\_

Application Received \_\_\_\_\_

Application Fee Received ☐

Volume Cap Required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bond Closing Date \_\_\_\_\_

Application forms can be obtained from the Authority's website at [www.ifahome.com](http://www.ifahome.com)

## ECONOMIC DEVELOPMENT LOAN PROGRAM APPLICATION

### Part A - Borrower Information

1. Name/Partnership/Corporation/LLC/Individual: \_\_\_\_\_

2. Address, City, State, County, Zip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Contact Person/Title: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. Principals: (If a partnership, list partners; if a corporation, list officers/directors and state of incorporation; if a nursing facility, list directors and principal staff.) Attach separate list if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If Borrower is a nonprofit corporation, provide purpose and copy of IRS determination letter or date of application for determination letter:  
\_\_\_\_\_  
\_\_\_\_\_

7. Is the Borrower currently qualified to transact business within the State of Iowa: ☐ Yes ☐ No

8. If project is a Nursing Facility, is state certificate of need required: ☐ Yes ☐ No  
If yes, attach copy.

## Part B - Project Information

1. This Project qualifies for financing pursuant to the Economic Development Loan Program as land, buildings or improvements suitable for use as one of the following facilities (Check one):

- ☐ a. Voluntary nonprofit hospital, clinic or health care facility as defined in Section 135c.1(6) of the Iowa Code.  
Specify: \_\_\_\_\_
- ☐ b. Private college or university ☐ f. Housing facility for elderly or disabled persons
- ☐ c. Manufacturing facility ☐ g. Agricultural processing facility
- ☐ d. Multi family housing ☐ h. Solid Waste facility
- ☐ e. Museum or library facility ☐ j. Other 501c(3) entity (please specify) \_\_\_\_\_

2. Amount of Loan Request: \$ \_\_\_\_\_ Amount to be used for refunding: \$ \_\_\_\_\_

3. Estimated Closing Date: \_\_\_\_\_ Estimated Project Start Date: \_\_\_\_\_

4. Address/Location of Project

Street/City/State \_\_\_\_\_

County \_\_\_\_\_

5. General Project Description:

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6. Describe how the Project will be used to further the business purposes of the Borrower:

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7. Number of permanent or part-time jobs created by the Project: \_\_\_\_\_

8. Explain how the Project will benefit the community: \_\_\_\_\_

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9. If Project is a nursing facility, describe Borrower's past experience with nursing facilities:

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**Part B - Project Information -cont.**

9. To date, has the Borrower made any capital expenditures it expects to reimburse itself from bond proceeds?

\_\_\_\_ No

\_\_\_\_ Yes, in the amount of \$ \_\_\_\_\_ (There are IRS limitations on eligible reimbursable costs.)

10. Parties related to the Project:

a. Principal User will be: \_\_\_\_\_

b. Seller (if any) of the Project: \_\_\_\_\_

c. Purchaser (if any) or Owner or Lessee of the Project: \_\_\_\_\_

d. Relationship of Project Seller and Purchaser, if any: \_\_\_\_\_

11. List previous tax-exempt financings of Borrower, if any, and any outstanding balances: \_\_\_\_\_

**12. Sources and Uses of Project Funds (Sum of Sources and Uses must match):**

Sources:	Amount	Uses:	Amount
_____ \$	_____	_____ \$	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	TOTAL	\$ _____

**Part C - Information regarding Sale of the Bonds**

1. Type of Bond Sale: ☐ Public Sale ☐ Private Placement

2. Provide the interest rate (actual or estimate) for financing the Project:

Variable Rate: \_\_\_\_\_ to \_\_\_\_\_ Fixed Rate: \_\_\_\_\_

3. Proposed Terms of Loan:

Number of Years: \_\_\_\_\_

Repayment Terms: \_\_\_\_\_

4. If the Project constitutes a refunding of outstanding bonds, please provide the approximate interest rate savings percentage resulting from the refunding: \_\_\_\_\_ %

5. Name of the refunded issue: \_\_\_\_\_

## Part D - Professionals Participating in the Financing

1. **Bond Counsel:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

2. **Counsel to the Borrower:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

3. **Underwriter or Financial Institution:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

4. **Counsel to the Underwriter:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

5. **Trustee:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

6. **Accountants:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## **PART E - Fees and Charges**

1. A non-refundable \$100 application fee must accompany this form at the time of submission to the Authority. Submit application to the Authority at the following address: Iowa Finance Authority, Community Development Finance Officer, 100 E. Grand Avenue, Des Moines, IA 50309.
2. An Issuer's fee will be due at the time of closing. The fee is 10 basis points for the first \$10 million and declines after that. Please contact Lori Beary at the Authority for more information.
3. Borrower is required to pay the fees and expenses of Dorsey & Whitney, who serve as Issuer's Counsel. Bond documents should be sent to David Claypool or David Grossklaus at Dorsey & Whitney and the Authority's General Counsel at the address set forth above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Borrower: \_\_\_\_\_

By: \_\_\_\_\_  
Title: \_\_\_\_\_